



4042

**DIABETES LifeCare CONSULT
FOR SURGICAL WEIGHT LOSS PATIENTS**

85 Jefferson Street, (Room 113), Hartford, CT 06102 • Office: 860-545-3526; Fax: 860-545-3184

Patient's Name: _____

Address: _____

Phone: Home: _____ Work: _____ Other: _____

Birth Date: ___/___/___ Gender: Male Female Height ___ Weight ___ BMI ___

* Primary Care Physician: _____

*** DIAGNOSIS:**

Obesity 278.00 Morbid Obesity 278.01

Type 2 250.____ Other: _____

Co-morbidities/Complications:

Hypertension CAD Hyperlipidemia

CKD stage:____ Other : _____

Non-Diabetes Medications:

Diabetes Medications:

Currently Monitoring Blood Glucose Yes No

I recommend that the Diabetes LifeCare evaluate and choose the plan of care for my surgical weight loss patient.

Pre-OP

Post-OP

* Check Referring Provider Name:

Dr Tishler

Dr Papasavas

Phone number: 860-246-2071

Fax Number: 860-633-2466

This referral is for peri-operative evaluation, education and diabetes management for surgical weight loss patients, including short-term post-operative management if indicated.

Other Information:

* Referring Provider Signature:

* Date

Time: